Agency Name Adair County Schools Street Address 1204 Greensburg St City, State Zip Columbia, KY 42728  State  □ State □ Federal □ Other:  8 Method of Payment:	
City, State Zip Columbia, KY 42728	
8 Method of Payment:	
8 Method of Payment:	
2 KDE Contact Information:	
Program Consultant Brigette Stacy 502-564-1473 ext. 4072 Superior Expenditure Reimbursement	
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment	
Budget Contact Thelma Hawkins 502-564-1979 ext. 4361 Lump Sum	
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, Kentucky 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 21st Century Community Learning Centers Quarterly	
Fund Source No Child Left Behind Act, Title IV, Part B Other	
CFDA# 84.287C	
MUNIS Project Number See budget on contract 10 Financial Reporting Method:	
MOA Number PON2-540-1600002941 Electronic Submission	
Other Submission of quarterly reimburse	ement
package	
4 Grant Authority (Source):	
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant	
Guidance, 2 CFR § 200	
5 Award Amount: \$189,500.00 11 Evaluations: Submission of an Annual Performance	
to Kentucky Department of Education, 21st Century	Program
See budget breakdown on contract.  Office is required.	
6 Period of Award:	
July 1, 2016 – September 30, 2017	
12 Consortia/Partnership Members:	
Kentucky Department of Education	
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in	
Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement	request
must be submitted by November 30, 2017.	
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016	
Division of Consolidated Plans & Audits	

Agency Name Ballard County Schools Street Address 3465 Paducah Rd City, State Zip Barlow, KY 42024    **Method of Payment:**    Federal Cash Request	
City, State Zip Barlow, KY 42024    Other:	
8 Method of Payment:  2 KDE Contact Information: Program Consultant Street Address  Brigette Stacy 502-564-1473 ext. 4072 Street Address  Brigette Stacy 502-564-1473 ext. 4072  □ Expenditure Reimbursement □ Automatic Payment	
2       KDE Contact Information:       Federal Cash Request         Program Consultant       Brigette Stacy 502-564-1473 ext. 4072	
2       KDE Contact Information:       Federal Cash Request         Program Consultant       Brigette Stacy 502-564-1473 ext. 4072	
Program Consultant Brigette Stacy 502-564-1473 ext. 4072	
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment	
Budget Contact Thelma Hawking 502 564 1070 avt 4261	
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, Kentucky 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 21st Century Community Learning Centers Quarterly	
Fund Source No Child Left Behind Act, Title IV, Part B Other	
CFDA# 84.287C	
MUNIS Project Number See budget on contract 10 Financial Reporting Method:	
MOA Number PON2-540-1600002825 Electronic Submission	
Other Submission of quarterly reimburseme	ent
package	
4 Grant Authority (Source):	
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant	
Guidance, 2 CFR § 200	
5 Award Amount: \$265,500.00 11 Evaluations: Submission of an Annual Performance R	
to Kentucky Department of Education, 21st Century Programment	ogram
See budget breakdown on contract.  Office is required.	
6 Period of Award:	
July 1, 2016 – September 30, 2017	
12 Consortia/Partnership Members:	
Kentucky Department of Education	
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the	
Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement req	quest
must be submitted by November 30, 2017.	
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016	
Division of Consolidated Plans & Audits	

1	Name and Address of Recip	pient:	7	Fund Type:	
	Agency Name Barren C	County Schools		State	
	Street Address 202 W V	/ashington St		□ Federal	
	City, State Zip Glasgow	, KY 42141		Other:	
			8	Method of Payment:	
2	<b>KDE Contact Information:</b>			Federal Cash Request	
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment	
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum	
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	- 37	-43	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly	
	Description	FY17 21st Century Community Learning Centers		□ Quarterly	
	Fund Source	No Child Left Behind Act, Title IV, Part B	1	Other	
	CFDA#	84.287C			
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:	
	MOA Number	PON2-540-1600002829		Electronic Submission	
				Other Submission of quarterly reimbursement	
				package	
4	Grant Authority (Source):			-	
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General			
		CFR 76,77, 82 and 85 and Uniform Grant			
	Guidance, 2 CFR § 200				
5	Award Amount: \$850,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report	
	_			to Kentucky Department of Education, 21st Century Program	
	See budget breakdown on d	contract. PROFICIENT & PRE	PAR	Office is required.	
6	Period of Award:			6 6	
	July 1, 2016 – September 30,			5 5	
12	Consortia/Partnership Mem	bers:	-		
		Kentucky Department		DI LEATION	
13					
			ites De	epartment of Education. The final reimbursement request	
	must be submitted by Nove				
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016	
		Division of Consolidated Plans & Audits			

Agency Name Bethune Institute Street Address PO Box 910240 City, State Zip Lexington, KY 40591   City, State Zip Lexington, KY 40591   City, State Zip Lexington, KY 40591   Method of Payment:  Federal Cash Request Federal Cash Request Expenditure Reimbursement Automatic Payment  Automatic Payment
City, State Zip Lexington, KY 40591    Other:
8 Method of Payment:  2 KDE Contact Information: Program Consultant Street Address  Dispersion of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment  Automatic Payment
2       KDE Contact Information:       Federal Cash Request         Program Consultant       Brigette Stacy 502-564-1473 ext. 4072
2       KDE Contact Information:       Federal Cash Request         Program Consultant       Brigette Stacy 502-564-1473 ext. 4072
Program Consultant Brigette Stacy 502-564-1473 ext. 4072
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment
Budget Contact Thelma Hawkins 502-564-1979 ext. 4361
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601
9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:
Description FY17 21st Century Community Learning Centers Quarterly
Fund Source No Child Left Behind Act, Title IV, Part B Other
CFDA# 84.287C
MUNIS Project Number See budget on contract 10 Financial Reporting Method:
MOA Number PON2-540-1600003005 Electronic Submission
Other Submission of quarterly reimburseme
package
4 Grant Authority (Source):
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant
Guidance, 2 CFR § 200
5 Award Amount: \$38,500.00 11 Evaluations: Submission of an Annual Performance R
to Kentucky Department of Education, 21st Century Programment
See budget breakdown on contract.  Office is required.
6 Period of Award:
July 1, 2016 – September 30, 2017
12 Consortia/Partnership Members:
Kentucky Department of Education
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the
Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement req
must be submitted by November 30, 2017.
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016
Division of Consolidated Plans & Audits

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County Schools		☐ State
	Street Address 8330 US 42		
	City, State Zip Florence, KY 41042		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072	11 11 -	Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	Oity, ICT Zip Trankfort, Romaoky 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
3	Description FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
		10	Financial Reporting Method:
	MUNIS Project Number See budget on contract MOA Number PON2-540-1600002831	10	
	MOA Number PONZ-540-1600002831		Electronic Submission
			Other Submission of quarterly reimbursement
4	Cront Authority (Course)	_	package
4	Grant Authority (Source):	. \	
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department General		
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
_	Guidance, 2 CFR § 200	44	Fusing Cubmission of an Annual Devianness Depart
5	Award Amount: \$151,000.00	11	<b>Evaluations:</b> Submission of an Annual Performance Report
	Controlled bank level down on contract		to Kentucky Department of Education, 21st Century Program
_	See budget breakdown on contract.  PROFICIENT & PRI	<del>-P</del> AR	Office is required.
6	Period of Award:		6 6
-10	July 1, 2016 – September 30, 2017		3 3
12	Consortia/Partnership Members:	, and the same of	
	Kentucio Department	o- E	
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion)		
	Request for Application, based upon availability of funds from the United S	tates De	epartment of Education. The final reimbursement request
	must be submitted by November 30, 2017.		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		•
	•		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bourbon Co	ounty Schools		☐ State
	Street Address 3343 Lexing			
	City, State Zip Paris, KY 4	0361		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Av	vard and Fiscal Year:		☐ Monthly
		FY17 21st Century Community Learning Centers		□ Quarterly
		No Child Left Behind Act, Title IV, Part B		Other
		84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
		PON2-540-1600002836		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7) ( )		-
	No Child Left Behind Act of 2001	, Title IV, Part B, Education Department General		
	Administrative Regulations 34 C	FR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		1	
5	Award Amount: \$415,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on con	tract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		273.70%	
	July 1, 2016 – September 30, 20			5 5
12	Consortia/Partnership Member	s:		
		V		
13				led for five years/projects of funding, as stated in the
			ates De	partment of Education. The final reimbursement request
	must be submitted by Novemb	er 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		•

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Boyd Co	unty Schools		State
	Street Address 1104 Bo	b McCullough Dr		□ Federal
	City, State Zip Ashland	KY 41102		Other:
			8	Method of Payment:
2	KDE Contact Information:	The second of th		Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	75	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	Oity, 141 21p	Trainition, Northdoxy 10001	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year		Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Containy ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C	9	
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002839		Electronic Submission
	WOA Number	1 0112-340-1000002039		Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):		-	package
-		001, Title IV, Part B, Education Department General		
		FCFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, <u>2 CFR § 200</u>	FOLIC 10,77, 02 and 00 and 01morn Grant		
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAD	Office is required.
6	Period of Award:	F RUFICIENT OX F RE	AK	EDFOR
	July 1, 2016 – September 30,	2017		CC
12	Consortia/Partnership Mem	bers:		3 3
	•		-	
13	Special Instructions/Condit	ions: Grants (New. Continuation, and Expansion	) award	ded for five years/projects of funding, as stated in the
				epartment of Education. The final reimbursement request
	must be submitted by Nove			
14		Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
14	Additionized by (Name/Title).	Division of Consolidated Plans & Audits		Date. June 23, 2010
		DIVISION OF CONSUMATER FIAMS & AUGITS		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Boys & Girls Club Inc			State
	Street Address 3900 Crittenden	Drive		
	City, State Zip Louisville, KY 4	0209		Other:
			8	Method of Payment:
2	KDE Contact Information:		22.0	Federal Cash Request
	Program Consultant Brige	ette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address 500	Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact Thel	ma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500	Mero St., 16th Fl. CPT	7	Receipt of Invoice from Vendor
	City, KY Zip Fran	kfort, Kentucky 40601		
		-5.0	9	Reimbursement Frequency:
3	Description/Fund Source of Award	and Fiscal Year:		
		7 21 <sup>st</sup> Century Community Learni <mark>ng Center</mark>	s	☐ Monthly ☐ Quarterly
		Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.2			
		budget on contract	10	Financial Reporting Method:
		12-540-1600002843		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V)		
	No Child Left Behind Act of 2001, Titl	e IV, Part B, Education Department Genera	al	
	Administrative Regulations 34 CFR 7			
	Guidance, 2 CFR § 200			
5	Award Amount: \$113,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract	PROFICIENT & PRI	EDAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30, 2017			5 5
12	Consortia/Partnership Members:		, and the same	
		Kenny Department	o- E	
13				ded for five years/projects of funding, as stated in the
			States De	epartment of Education. The final reimbursement request
	must be submitted by November 3	0, 2017.		
14	Authorized By (Name/Title): Donr	na Tackett, Acting Director		<b>Date:</b> June 29, 2016
		ion of Consolidated Plans & Audits		
			_	

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Boys & 0	Girls Club of Greater Cincinnati		☐ State
	Street Address 600 Dalt	on Avenue		□ Federal
	City, State Zip Cincinna	ati, KY 45203		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	400	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	эн, на тр	-4.7	9	Reimbursement Frequency:
3	Description/Fund Source of	f Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C	9	
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002845		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			1
		001, Title IV, Part B, Education Department General		
		4 CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200		11	
5	Award Amount: \$151,000.00	0	11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAD	Office is required.
6	Period of Award:	I NOTICILITY OF THE	2310	LD FOR
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	bers:		
		1/	-	
13	Special Instructions/Condit	ions: Grants (New, Continuation, and Expansion	) award	ded for five years/projects of funding, as stated in the
	Request for Application, ba	sed upon availability of funds from the United St	ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	: Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	(1141119111911119)	Division of Consolidated Plans & Audits		23 23, 2010
L		Division of Contoundated Flane & Addition		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Breathitt County Schools			State
	Street Address PO Box 7	50		
	City, State Zip Jackson,	KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	3,	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002847		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$151,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICILITY OF THE	23/01	ED TON
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Memb	pers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, ,	Division of Consolidated Plans & Audits		•

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bullitt County Schools			☐ State
	Street Address 1040 Hwy 44 E			
	City, State Zip Shepherdsville, KY 40	165		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant Brigette Sta	cy 502-564-1473 ext. 4072	1	Expenditure Reimbursement
	Street Address 500 Mero S	t., 19th Fl. CPT		Automatic Payment
	Budget Contact Thelma Hav	wkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero S	t., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, K	Centucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fi	iscal Year:		☐ Monthly
		Century Community Learning Centers		□ Quarterly
		oft Behind Act, Title IV, Part B		Other
	CFDA# 84.287C			
	MUNIS Project Number See budget	on contract	10	Financial Reporting Method:
		1600002883		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 2001, Title IV, Pa	art B, Education Department General		
	Administrative Regulations 34 CFR 76,77, 8	2 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		1	
5	Award Amount: \$227,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	NOTICIENT OF THE	273.70%	
	July 1, 2016 – September 30, 2017			5 5
12	Consortia/Partnership Members:			
	12	/		
13				led for five years/projects of funding, as stated in the
			ates De	partment of Education. The final reimbursement request
	must be submitted by November 30, 2017			
14	Authorized By (Name/Title): Donna Tack	ett, Acting Director		<b>Date:</b> June 29, 2016
		Consolidated Plans & Audits		•

1	Name and Address of Recipi		7	Fund Type:
		dependent Schools		State
	Street Address PO Box E			
	City, State Zip Burgin, K	Y 40310		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	11 -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	- 3,	-43	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002848		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$151,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	THOTICIEN OF THE	2.00	
	July 1, 2016 – September 30,		in .	5 5
12	Consortia/Partnership Memb	ers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Campbe	Il County Schools		State
	Street Address 101 Orcl	nard Ln		□ Federal
	City, State Zip Alexand	ria, KY 41001		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002884		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7/ ( )		
	No Child Left Behind Act of 26	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$454,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
	_			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			6 6
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	bers:	-	
		Kentucky Department		DI LEATION
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove			
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip		7	Fund Type:
	Agency Name Campbe	ellsville Independent Schools		State
	Street Address 136 S C	olumbia		□ Federal
	City, State Zip Campbe	ellsville, KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	эн, на тр	-43	9	Reimbursement Frequency:
3	Description/Fund Source of	f Award and Fiscal Year:	1	Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002871		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			1000
		001, Title IV, Part B, Education Department General		
		4 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		1	
5	Award Amount: \$76,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAD	Office is required.
6	Period of Award:	I NOTICILITY OF THE	Zun	ED FOR
	July 1, 2016 – September 30,		E	6 6
12	Consortia/Partnership Mem	bers:		
		1/	-	
13	Special Instructions/Condit	ions: Grants (New, Continuation, and Expansion	) award	ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	ember 30, 2017.		
14	Authorized By (Name/Title):	: Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Carroll C	County Schools		State
	Street Address 813 Haw	kins St		□ Federal
	City, State Zip Carrollto	n, KY 41008		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	111	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT	4///	Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002886	4	Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	- V7/ ( )		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		FCFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$189,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on d	contract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:	our C II C C		6 6
	July 1, 2016 – September 30,		Dist.	5 5
12	Consortia/Partnership Mem	bers:		
		KENTUSKY DEPARTMENT	~ E-	NEW ATTOM
13				ded for five years/projects of funding, as stated in the
			tates De	epartment of Education. The final reimbursement request
	must be submitted by Nove			
14	Authorized By (Name/Title):			<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Casey Cou	unty Schools		State
	Street Address 1922 N US	3 127		
	City, State Zip Liberty, KY	′ 42539		Other:
			8	Method of Payment:
2	KDE Contact Information:		3	Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	4//	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002887		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 200	1, Title IV, Part B, Education Department General		
	Administrative Regulations 34 (	CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$320,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ntract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30, 2			SS
12	Consortia/Partnership Membe	ers:		
		Keneury Department		DULCATION
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novem	ber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Christiar	County Schools		State
	Street Address PO Box	609		□ Federal
	City, State Zip Hopkins	ville, KY 42241		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-4.3	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002865		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
	_			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on d	contract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:		2.10.1	6 6
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	bers:	-	
		Kentucky Department		DI LEATION
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove			
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Clinton Co	unty Schools		State
	Street Address 2353 N Hw	y 127		
	City, State Zip Albany, KY	42602		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	III -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT	4 //	Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002888		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7) ( )		-
	No Child Left Behind Act of 200	1, Title IV, Part B, Educ <mark>ation D</mark> epartment General		
	Administrative Regulations 34 C	FR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$152,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ntract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30, 2			SS
12	Consortia/Partnership Membe	ers:		
		Keneusy Department	o- E	
13				ded for five years/projects of funding, as stated in the
			tates De	epartment of Education. The final reimbursement request
	must be submitted by Novem	ber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Corbin In	dependent Schools		State
	Street Address 108 Roy	Kidd Ave		□ Federal
	City, State Zip Corbin, k	(Y 40701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002890		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$523,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		23/01	ED TON
	July 1, 2016 – September 30,			6 6
12	Consortia/Partnership Mem	bers:	line.	
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		•

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Covington Independent Schools		State
	Street Address 25 E Seventh St		
	City, State Zip Covington, KY 41011		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	-5.4	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY17 21st Century Community Learning Center	s	☐ Monthly ☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002891	A	Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):		
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department Gener	al	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		
5	Award Amount: \$668,500.00	11	<b>Evaluations:</b> Submission of an Annual Performance Report
			to Kentucky Department of Education, 21st Century Program
		EPAR	Office is required.
6			6 6
		Dist.	5 5
12	Consortia/Partnership Members:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	KENTELSKY DEPARTMENT	or E	NI CATIONI
13			
		States De	epartment of Education. The final reimbursement request
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		
6 12 13			Office is required.  ded for five years/projects of funding, as stated in the epartment of Education. The final reimbursement request

1	Name and Address of Recipi	ent:	7	Fund Type:
	Agency Name Crittender	County Schools		State
	Street Address 601 W Elr	n St		□ Federal
	City, State Zip Marion, K	Y 42064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	480	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		- Tallinoti, Heritagon,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002854		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			panage
		01, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$113,500.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ontract. PROFICIENT & PDE	DAD	Office is required.
6	Period of Award:	I NOTICILITY OF THE	23.03	LD I ON
	July 1, 2016 – September 30, 2			6 6
12	Consortia/Partnership Memb	ers:		
		I/ D	-	
13				ded for five years/projects of funding, as stated in the
	Request for Application, bas	ed upon availability of funds from the United St	ates De	epartment of Education. The final reimbursement request
	must be submitted by Noven	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		
L				

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Cumber	and County Schools		State
	Street Address PO Box			
	City, State Zip Burkesv	lle, KY 42717		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	- 37	-43	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002893		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 2	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$137,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		2.17.1	
	July 1, 2016 – September 30,		100	5 5
12	Consortia/Partnership Mem	bers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Eminence Independent Schools		☐ State
	Street Address 291 W Broadway		□ Federal
	City, State Zip Eminence, KY 40019		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT	. 61/	Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	_	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY17 21st Century Community Learning Center	ers	<ul><li>☐ Monthly</li><li>☐ Quarterly</li></ul>
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002872		Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):		
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department Gene	eral	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
5	Award Amount: \$76,000.00	11	
		PEPAI	Office is required.
6			6 6
			5 5
12	Consortia/Partnership Members:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	KENTUCKY DEDARTMEN	TOF E	DUZATION
13			
		l States I	Department of Education. The final reimbursement request
	•		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		
5 6 12 13			Department of Education. The final reimbursement request

1	Name and Address of Recipien	t:	7	Fund Type:
	Agency Name Fayette Cou	nty Schools		State
	Street Address 701 E Main	St		□ Federal
	City, State Zip Lexington, K	Y 40505		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant I	Brigette Stacy 502-564-1473 ext. 4072	N P	Expenditure Reimbursement
		500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	ard and Fiscal Year:		Monthly
		FY17 21st Century Community Learning Centers		□ Quarterly
		No Child Left Behind Act, Title IV, Part B		Other
		34.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
		PON2-540-1600002895		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 2001	Title IV, Part B, Education Department General		
	Administrative Regulations 34 CF	R 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$453,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on conf	ract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		2.14.1	
	July 1, 2016 – September 30, 20			
12	Consortia/Partnership Member	s:		
		Keneuro Department		NICITION .
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novemb	er 30, 2017.		
14	Authorized By (Name/Title):	Oonna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Floyd County Schools		State
	Street Address 106 N Front Ave		□ Federal
	City, State Zip Prestonsburg, KY 41653		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	<b>*</b>	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	-41	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description FY17 21st Century Community Learning Ce	nters	☐ Monthly ☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002874		Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):	/	· ·
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department Ge	neral	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		
5	Award Amount: \$76,000.00	11	<b>Evaluations:</b> Submission of an Annual Performance Report
			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	DEDAL	Office is required.
6	Period of Award:	112121	C C
	July 1, 2016 – September 30, 2017		5 5
12	Consortia/Partnership Members:	Jilliana	
	V		
13	Special Instructions/Conditions: Grants (New, Continuation, and Expa		
	Request for Application, based upon availability of funds from the Unit	ed States D	Pepartment of Education. The final reimbursement request
	must be submitted by November 30, 2017.		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		•

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fulton Independent S	chools		State
	Street Address 304 West State Line			□ Federal
	City, State Zip Fulton, KY 42041			Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
		tacy 502-564-1473 ext. 4072	W P	Expenditure Reimbursement
		St., 19th Fl. CPT		Automatic Payment
		awkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero	St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip Frankfort,	Kentucky 40601		
		-505	9	Reimbursement Frequency:
3	Description/Fund Source of Award and	Fiscal Year:		Monthly
	Description FY17 21st	Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source No Child L	eft Behind Act, Title IV, Part B		Other
	CFDA# 84.287C			
	MUNIS Project Number See budge	et on contract	10	Financial Reporting Method:
	MOA Number PON2-540	)-1600002856		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7) ( )		
	No Child Left Behind Act of 2001, Title IV,	Part B, Education Department General		
	Administrative Regulations 34 CFR 76,77,			
5	Award Amount: \$113,500.00		11	
		PROFICIENT & PREI	PAR	Office is required.
6			-	6 6
				5 5
12	Consortia/Partnership Members:			
		KENTHERY DEPARTMENT		NI/CATION
13				
			ites De	epartment of Education. The final reimbursement request
14	Authorized By (Name/Title): Donna Tad			<b>Date:</b> June 29, 2016
	Division of	Consolidated Plans & Audits		
5 6 12	No Child Left Behind Act of 2001, Title IV, Administrative Regulations 34 CFR 76,77, Guidance, 2 CFR § 200  Award Amount: \$113,500.00  See budget breakdown on contract.  Period of Award: July 1, 2016 – September 30, 2017  Consortia/Partnership Members:  Special Instructions/Conditions: Grants Request for Application, based upon avmust be submitted by November 30, 2019  Authorized By (Name/Title): Donna Tage	82 and 85 and Uniform Grant  6 (New, Continuation, and Expansion) ailability of funds from the United Sta		Evaluations: Submission of an Annual Performance Report to Kentucky Department of Education, 21st Century Program Office is required.  ded for five years/projects of funding, as stated in the epartment of Education. The final reimbursement request  Date: June 29, 2016

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County Schools		State
	Street Address 322 W Maple St		□ Federal
	City, State Zip Lancaster, KY 40444		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext	. 4072	Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT	KILAI	Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979	ext. 4361	Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	- 1	
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	- 173	
	Description FY17 21st Century Community L	earning Centers	☐ Monthly ☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002875		Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):		-
	No Child Left Behind Act of 2001, Title IV, Part B, Education Dep	artment General	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniforn		
	Guidance, 2 CFR § 200		
5	Award Amount: \$76,000.00	11	<b>Evaluations:</b> Submission of an Annual Performance Report
			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	T & PDEDAL	Office is required.
6	Period of Award:		
	July 1, 2016 – September 30, 2017		5 5
12	Consortia/Partnership Members:		
	V		
13	Special Instructions/Conditions: Grants (New, Continuation,		
	Request for Application, based upon availability of funds fro	m the United States D	epartment of Education. The final reimbursement request
	must be submitted by November 30, 2017.		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans &	Audits	•

1	Name and Address of Recip	ent:	7	Fund Type:
	Agency Name Glasgow	Independent Schools		☐ State
	Street Address PO Box 1	239		□ Federal
	City, State Zip Glasgow,	KY 42142		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-4.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002897		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$202,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICIENT OF THE	23/1	LD I OIL
	July 1, 2016 – September 30,			8 8
12	Consortia/Partnership Memb	ers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, ,	Division of Consolidated Plans & Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Grayson County Scho	ols		State
	Street Address PO Box 4009			
	City, State Zip Leitchfield, KY 42754			Other:
			8	Method of Payment:
2	KDE Contact Information:		3	Federal Cash Request
	Program Consultant Brigette St	acy 502-564-1473 ext. 4072	1 11 -	Expenditure Reimbursement
	Street Address 500 Mero	St., 19th Fl. CPT	1///	Automatic Payment
	Budget Contact Thelma Ha	awkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero	St., 16th Fl. CPT	1	Receipt of Invoice from Vendor
	City, KY Zip Frankfort,	Kentucky 40601		
	,	-232	9	Reimbursement Frequency:
3	Description/Fund Source of Award and	Fiscal Year:		
	·	Century Community Learning Centers		☐ Monthly ☐ Quarterly
		eft Behind Act, Title IV, Part B		Other
	CFDA# 84.287C			
		et on contract	10	Financial Reporting Method:
		0-1600003077		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			<u> paring</u>
	No Child Left Behind Act of 2001, Title IV, I	Part B. Education Department General		
	Administrative Regulations 34 CFR 76,77,		1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$214,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	PROFICIENT & PRE	DAD	Office is required.
6	Period of Award:	NOTICILITY OF THE	/ / L/N	LD FOR
	July 1, 2016 – September 30, 2017			6 6
12	Consortia/Partnership Members:			
		, 5	-	
13	Special Instructions/Conditions: Grants	(New, Continuation, and Expansion	) award	led for five years/projects of funding, as stated in the
			ates De	partment of Education. The final reimbursement request
	must be submitted by November 30, 201	<b>7.</b>		
14	Authorized By (Name/Title): Donna Tad	kett, Acting Director		<b>Date:</b> June 29, 2016
		Consolidated Plans & Audits		,

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Greenup	County Schools		State
	Street Address 45 Muske	eteer Dr		□ Federal
	City, State Zip Greenup	, KY 41144		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002901		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$238,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	P NOTICIENT OF THE	23101	LD I OIL
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	pers:		
		K	- 1	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		,

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Harlan C	County Schools		State
	Street Address 251 Ball	Park Rd		□ Federal
	City, State Zip Harlan, I	CY 40831		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	11 -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	- 37	-43	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600003060		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		23/1	e e
	July 1, 2016 – September 30,		in .	5 5
12	Consortia/Partnership Mem	bers:		
		V	- 1	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		·

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Hazard I	Perry Co Community Ministries		☐ State
	Street Address 151 Miss	s Edna LN		□ Federal
	City, State Zip Hazard,	KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:	The second of the second of		Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	4 // //	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	75	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		9
	Oity, KT Zip	Trankfort, Remucky 40001	9	Reimbursement Frequency:
3	Description/Fund Source of	Δward and Fiscal Year:	٦ -	Monthly
3	Description Description	FY17 21st Century Community Learning Centers		Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B	1	Other
	CFDA#	84.287C	19	
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002858	10	
	WOA Number	POINZ-340-1000002030		
4	Grant Authority (Source):		-	_ package
4		001, Title IV, Part B, Education Department General		
		4 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200	FCFR 70,77, 62 and 65 and Official Grant		
5	Award Amount: \$113,500.00		11	Evaluations: Submission of an Annual Performance Report
3	Award Amount. \$115,500.00			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	Contract Description Q. Description		Office is required.
6	Period of Award:	PROFICIENT & PRE	PAK	Cinico la roquiroa.
•	July 1, 2016 – September 30,	2017		CC
12	Consortia/Partnership Mem			3 3
13	Special Instructions/Condit	ions: Grants (New Continuation and Expansion	) awar	ded for five years/projects of funding, as stated in the
13				epartment of Education. The final reimbursement request
	must be submitted by Nove		alcs De	partition of Education. The inial remodiscincia request
4.4				Potos Iuno 20, 2040
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ent:	7	Fund Type:
	Agency Name Henderso	n County Schools		State
	Street Address 1805 Sec	ond St		□ Federal
	City, State Zip Henderso	n, KY 42420		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	4///	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	3,	-435	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002902		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$189,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		7 7 N K K	
	July 1, 2016 – September 30,		line .	5 5
12	Consortia/Partnership Memb	ers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		·

1	Name and Address of Recip	pient:	7	Fund Type:
		County Schools		State
	Street Address 416 Wat	erfield Dr		□ Federal
	City, State Zip Clinton,	KY 42031		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-4.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002866		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on d	contract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:		2.17.1	
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem	bers:		
		Kentucia Department		NICITION .
13				
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		
13	Special Instructions/Condit Request for Application, ba must be submitted by Nove	ions: Grants (New, Continuation, and Expansion sed upon availability of funds from the United Stamber 30, 2017.  Donna Tackett, Acting Director		ded for five years/projects of funding, as stated in the epartment of Education. The final reimbursement request  Date: June 29, 2016

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Jackson	Independent Schools		☐ State
	Street Address 940 High	land Ave		□ Federal
	City, State Zip Jackson,	KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002880	4	Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant	1.1	
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$68,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on d	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			6 6
40	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	bers:	_	
		KENTHICKY DEPARTMENT	or Er	NIZATIONI
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	<u> </u>		
14	Authorized By (Name/Title):			<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient		7	Fund Type:
	Agency Name Knott County	Schools		State
	Street Address PO Box 869			□ Federal
	City, State Zip Hindman, KY	′ 41822		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant B	rigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address 5	00 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact T	helma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 5	00 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip F	rankfort, Kentucky 40601		
	7,	-63	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		☐ Monthly
		Y17 21 <sup>st</sup> Century Community Learning Centers		□ Quarterly
		lo Child Left Behind Act, Title IV, Part B	100	Other
		4.287C		
		See budget on contract	10	Financial Reporting Method:
		ON2-540-1600002859		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			1 3
		Title IV, Part B, Education Department General		
		R 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200		11	
5	Award Amount: \$113,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contr	ract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICIENT OF THE	J-1.11 1	LDTON
	July 1, 2016 – September 30, 201			6 6
12	Consortia/Partnership Members		lane.	
		V	-	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by November	er 30, 2017.		
14	Authorized By (Name/Title): D	onna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		ivision of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Leslie Co	unty Schools		State
	Street Address PO Box 9	149		□ Federal
	City, State Zip Hyden, K	Y 41749		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002903		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-1 5
		01, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$471,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICILITY OF IT AL	2700	LDTOR
	July 1, 2016 – September 30,		E	5 5
12	Consortia/Partnership Memb	pers:	llener.	
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, ,	Division of Consolidated Plans & Audits		,

Agency Name Letcher County Schools Street Address 224 Park St City, State Zip Whitesburg, KY 41858  □ State □ Federal □ Other:	
City, State Zip Whitesburg, KY 41858	
8 Method of Payment:	
2 KDE Contact Information: Federal Cash Request	
Program Consultant Brigette Stacy 502-564-1473 ext. 4072	
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment	
Budget Contact Thelma Hawkins 502-564-1979 ext. 4361 Lump Sum	
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, Kentucky 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 21st Century Community Learning Centers Quarterly	
Fund Source No Child Left Behind Act, Title IV, Part B Other	
CFDA# 84.287C	
MUNIS Project Number See budget on contract 10 Financial Reporting Method:	
MOA Number PON2-540-1600002904 Electronic Submission	
Other Submission of quarterly reimbur	sement
package	
4 Grant Authority (Source):	
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant	
Guidance, 2 CFR § 200	
5 Award Amount: \$214,500.00 11 Evaluations: Submission of an Annual Performa	
to Kentucky Department of Education, 21st Centur	/ Program
See budget breakdown on contract.  Office is required.	
6 Period of Award:	
July 1, 2016 – September 30, 2017	
12 Consortia/Partnership Members:	
Kentucios Department of Epiterrion	
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated i	
Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement	t request
must be submitted by November 30, 2017.	
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016	
Division of Consolidated Plans & Audits	

1	Name and Address of Recip	pient:	7	Fund Type:
	Agency Name Lighthou	ise Promise, Inc		State
	Street Address 5312 Old	d Shepherdsville Road		□ Federal
	City, State Zip Louisville	e, KY 40228		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	Эн <b>у</b> , тт <u>ш</u> р		9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002881		Electronic Submission
	West ( valide)	1 6112 640 1000002001		Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			package
-		001, Title IV, Part B, Education Department General		
		4 CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200	of it is, if, of and of and official of and		
5	Award Amount: \$68,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
	. ,			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	DAD	Office is required.
6	Period of Award:	I NOTICIENT OF THE	AIN	ED FOR
	July 1, 2016 - September 30,		E	5 5
12	Consortia/Partnership Mem	bers:		5 5
		1/	-	
13	Special Instructions/Condit	ions: Grants (New, Continuation, and Expansion	) award	ded for five years/projects of funding, as stated in the
				epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title)	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
• •	Tamerized by (Hamer Hille)	Division of Consolidated Plans & Audits		24101 2410 25, 2010
L		Dividion of Contollidated Flants & Addits		

1	Name and Address of Recipi	ent:	7	Fund Type:
	Agency Name Lincoln Co	ounty Schools		State
	Street Address 305 Danv	ille Ave		□ Federal
	City, State Zip Stanford,	KY 40484		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	, ,	-4.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002905		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-1 5
		01, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$504,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICILITY OF THE	2700	LDTOR
	July 1, 2016 – September 30, 2		E	5 5
12	Consortia/Partnership Memb	ers:	lleng.	
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Noven	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, (	Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
		n County Schools		State
	Street Address PO Box 2	219		□ Federal
	City, State Zip Smithland	d, KY 42081		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002906		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$632,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICILITY OF THE	23101	LD I OIL
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Meml	pers:		
		K	- 1	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novel	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		,

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Lott's Cre	ek Community School		State
	Street Address 5837 Lot	s Creek Road, Cordia		□ Federal
	City, State Zip Hazard, I	(Y 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002876		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, <u>2 CFR § 200</u>		1	
5	Award Amount: \$76,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICILITY OF THE	273.70%	ED TON
	July 1, 2016 – September 30,			6 6
12	Consortia/Partnership Mem	pers:	lane,	
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		•
		17		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Ludlow Ii	ndependent Schools		State
	Street Address 525 Elm	St		□ Federal
	City, State Zip Ludlow, I	Y 41016		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		
	Street Address	500 Mero St., 19th Fl. CPT	11/1	Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600003064		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$302,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:	6 11 6 6		6 6
40	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	pers:		
		Kentricky Department	or Er	MICATION
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove			
14	Authorized By (Name/Title):			<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Mayfield	Independent Schools		State
	Street Address 914 East	College St		□ Federal
	City, State Zip Mayfield,	KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-43	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002851		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		11	
5	Award Amount: \$151,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICIENT OF THE	77.00	LD I OIL
	July 1, 2016 – September 30,		E	5 5
12	Consortia/Partnership Mem	bers:	llane.	
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		•

1	Name and Address of Recipient:	7	7	Fund Type:
	Agency Name McCracken County Schools			☐ State
	Street Address 5347 Benton Rd			
	City, State Zip Paducah, KY 42003			Other:
		8	3	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant Brigette Stacy 502-564		All I	Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl.		W A	Automatic Payment
	Budget Contact Thelma Hawkins 502-5	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU		Lump Sum
	Street Address 500 Mero St., 16th Fl.	CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40	601		
		9	)	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:			Monthly
	Description FY17 21st Century Con	nmunity Learning Centers		<ul><li>☐ Monthly</li><li>☑ Quarterly</li></ul>
	Fund Source No Child Left Behind A	ct, Title IV, Part B		Other
	CFDA# 84.287C			
	MUNIS Project Number See budget on contract	1	10	Financial Reporting Method:
	MOA Number PON2-540-160000290	8		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	V7/ \ /		
	No Child Left Behind Act of 2001, Title IV, Part B, Educ	ation Department General		
	Administrative Regulations 34 CFR 76,77, 82 and 85 ar			
			1	
5	Award Amount: \$818,500.00	1	11	
		0.0		
		CIENT & PREPA	AR	Office is required.
6				6 6
				5 5
12	Consortia/Partnership Members:			
	Kentuci	OF DEPARTMENT OF	=-	NIE ATEKNI
13				
		unds from the United States	s De	partment of Education. The final reimbursement request
14	Authorized By (Name/Title): Donna Tackett, Acting			<b>Date:</b> June 29, 2016
	Division of Consolidate	d Plans & Audits		
5 6 12 13	Administrative Regulations 34 CFR 76,77, 82 and 85 ar Guidance, 2 CFR § 200  Award Amount: \$818,500.00  See budget breakdown on contract.  Period of Award: July 1, 2016 – September 30, 2017  Consortia/Partnership Members:  Special Instructions/Conditions: Grants (New, Contract Request for Application, based upon availability of must be submitted by November 30, 2017.  Authorized By (Name/Title): Donna Tackett, Acting	inuation, and Expansion) aw unds from the United States	s De	Evaluations: Submission of an Annual Performance Report to Kentucky Department of Education, 21st Century Program Office is required.  Bed for five years/projects of funding, as stated in the partment of Education. The final reimbursement request  Date: June 29, 2016

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Metcalfe C	ounty Schools		State
	Street Address 109 Sartin	Dr		□ Federal
	City, State Zip Edmonton,	KY 42129		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361	4///	Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	77	-43	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002867		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			1 3
		1, Title IV, Part B, Education Department General		
		FR 76,77, 82 and 85 and Uniform Grant	1 -	
	Guidance, 2 CFR § 200		11	
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ntract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	I NOTICIENT OF THE	2010	LDTON
	July 1, 2016 – September 30, 2			6 6
12	Consortia/Partnership Member	ers:		
		1/	-	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novem	ber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	(	Division of Consolidated Plans & Audits		

Agency Name Monroe County Schools Street Address 309 Emberton St City, State Zip Tompkinsville, KY 42167  State Federal Other:	
City, State Zip Tompkinsville, KY 42167	
8 Method of Payment:	
2 KDE Contact Information:	
Program Consultant Brigette Stacy 502-564-1473 ext. 4072 Expenditure Reimbursement	
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment	
Budget Contact Thelma Hawkins 502-564-1979 ext. 4361 Lump Sum	
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, Kentucky 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 21st Century Community Learning Centers Quarterly	
Fund Source No Child Left Behind Act, Title IV, Part B Other	
CFDA# 84.287C	
MUNIS Project Number See budget on contract 10 Financial Reporting Method:	
MOA Number PON2-540-1600002909 Electronic Submission	
Other Submission of quarterly reimbu	rsement
package	
4 Grant Authority (Source):	
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant	
Guidance, 2 CFR § 200	
5 Award Amount: \$321,500.00 11 Evaluations: Submission of an Annual Performa	
to Kentucky Department of Education, 21st Centu	y Program
See budget breakdown on contract.  Office is required.	
6 Period of Award:	
July 1, 2016 – September 30, 2017	
12 Consortia/Partnership Members:	
Kentucky Department of Education	
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated	
Request for Application, based upon availability of funds from the United States Department of Education. The final reimburseme	nt request
must be submitted by November 30, 2017.	
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016	
Division of Consolidated Plans & Audits	

1	Name and Address of Recipi	ent:	7	Fund Type:
	Agency Name Newport I	ndependent Schools		State
	Street Address 301 W Eig	ghth St		□ Federal
	City, State Zip Newport,	KY 41071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072		
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002912		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$169,500.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	THOTICIENT OF THE	23/01	LD I OIL
	July 1, 2016 – September 30, 2			5 5
12	Consortia/Partnership Memb	ers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		,

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Nicholas	County Schools		State
	Street Address 395 W M	ain St		□ Federal
	City, State Zip Carlisle,	KY 40311		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002868		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$101,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	P NOTICIENT OF THE	23101	LD I OIL
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	pers:		
		K	- 1	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove	mber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Consolidated Plans & Audits		,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Owensbor	o Independent Schools		State
	Street Address 450 Griffith	n Avenue		□ Federal
	City, State Zip Owensbor	o, KY 42302		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-4.5	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002914		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 200	11, Title IV, Part B, Education Department General		
	Administrative Regulations 34 (	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$253,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on co	Intract. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:		23/01	ED TON
	July 1, 2016 – September 30, 2			5 5
12	Consortia/Partnership Member	ers:		
		V		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novem	ber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		•

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Paducah	Independent Schools		☐ State
	Street Address PO Box 2	2550		□ Federal
	City, State Zip Paducah	KY 42003		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	111 -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002861		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant	1	
	Guidance, 2 CFR § 200			
5	Award Amount: \$113,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30,			SS
12	Consortia/Partnership Meml	pers:	Janes .	
		Keneurov Department	- E	
13				ded for five years/projects of funding, as stated in the
			tates De	epartment of Education. The final reimbursement request
	must be submitted by Novel	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Pendleto	n County Schools		State
	Street Address 2525 Hw	y 27 N		□ Federal
	City, State Zip Falmoutl	n, KY 41040		Other:
			8	Method of Payment:
2	KDE Contact Information:		-5	Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	100	
	Street Address	500 Mero St., 19th Fl. CPT	4 // /	Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601	_	
	•	-4.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600003066		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$453,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on d	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			6 6
40	July 1, 2016 – September 30,		Dist.	5 5
12	Consortia/Partnership Mem	bers:		
		Kanaday Department	or Er	NIJE ATION
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nove			
14	Authorized By (Name/Title):			<b>Date:</b> June 29, 2016
1		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Pleasant	Green Baptist Church		State
	Street Address PO Box 9	010240		□ Federal
	City, State Zip Lexingtor	n, KY 40591		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	W p	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002915		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
		CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$34,750.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Memb	pers:		
		Keneurov Department		NICITION .
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Race for Educ	cation		State
	Street Address 1818 Versaille	es Road		□ Federal
	City, State Zip Lexington, KY	<b>/</b> 40504		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant Bi	rigette Stacy 502-564-1473 ext. 4072	N P	
	Street Address 50	00 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact TI	helma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 50	00 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Fı	rankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
		Y17 21 <sup>st</sup> Century Community Learning Centers		□ Quarterly
		o Child Left Behind Act, Title IV, Part B		Other
		4.287C		
	MUNIS Project Number Se	ee budget on contract	10	Financial Reporting Method:
		ON2-540-1600003069		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 2001,	Title IV, Part B, Education Department General		
	Administrative Regulations 34 CFF	R 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$101,000.00		11	Evaluations: Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contr	act. PROFICIENT & PRE	DAR	Office is required.
6	Period of Award:	THOTICIENT OF THE	23101	LD I OIL
	July 1, 2016 – September 30, 2017			5 5
12	Consortia/Partnership Members			
		V	- 1	
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Novembe	r 30, 2017.		
14	Authorized By (Name/Title): Do	onna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		vision of Consolidated Plans & Audits		,

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County Schools		State
	Street Address 404 S. Main St.		
	City, State Zip Jamestown, KY 42629		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072	THE P	Expenditure Reimbursement
	Street Address 500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	-4.6	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description FY17 21st Century Community Learning Centers	3	☐ Monthly ☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002853		Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):		-
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department Genera	L	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		
5	Award Amount: \$152,000.00	11	<b>Evaluations:</b> Submission of an Annual Performance Report
			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	PAR	Office is required.
6	Period of Award:		
	July 1, 2016 – September 30, 2017		SS
12	Consortia/Partnership Members:	Janes .	
	Kentucio Department	- E	
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansio		
	Request for Application, based upon availability of funds from the United S	tates De	epartment of Education. The final reimbursement request
	must be submitted by November 30, 2017.		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Save the C	hildren		☐ State
	Street Address 126 Main S	treet		
	City, State Zip Berea, KY	40403		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		Quarterly
		No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002869		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			
	No Child Left Behind Act of 2001	I, Title IV, Part B, Education Department General		
		FR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$101,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on cor	tract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30, 20			5 5
12	Consortia/Partnership Membe	rs:		
		Keneugus Department		NICITION .
13				led for five years/projects of funding, as stated in the
			ates De	partment of Education. The final reimbursement request
	must be submitted by Novemb	per 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Somerset Ir	ndependent Schools		☐ State
	Street Address 305 College	e St		□ Federal
	City, State Zip Somerset, I	(Y 42501		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	•	-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Av	vard and Fiscal Year:		☐ Monthly
		FY17 21st Century Community Learning Centers		Quarterly
		No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
		PON2-540-1600002877		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7) ( )		
	No Child Left Behind Act of 2001	, Title IV, Part B, Education Department General		
		FR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$76,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on con	tract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30, 20			5 5
12	Consortia/Partnership Membe	s:		
		Keneur Department		NICITION .
13				led for five years/projects of funding, as stated in the
			ates De	partment of Education. The final reimbursement request
	must be submitted by Novemb	er 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
		Division of Consolidated Plans & Audits		

Agency Name Spencer County Schools Street Address 207 W Main St City, State Zip Taylorsville, KY 40071  □ State □ Federal □ Other:	
City, State Zip Taylorsville, KY 40071	
8 Method of Payment:	
2 KDE Contact Information:	
Program Consultant Brigette Stacy 502-564-1473 ext. 4072 Expenditure Reimbursement	
Street Address 500 Mero St., 19th Fl. CPT Automatic Payment	
Budget Contact Thelma Hawkins 502-564-1979 ext. 4361 Lump Sum	
Street Address 500 Mero St., 16th Fl. CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, Kentucky 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 21st Century Community Learning Centers Quarterly	
Fund Source No Child Left Behind Act, Title IV, Part B Other	
CFDA# 84.287C	
MUNIS Project Number See budget on contract 10 Financial Reporting Method:	
MOA Number PON2-540-1600002916 Electronic Submission	
Other Submission of quarterly reimbur	sement
package	
4 Grant Authority (Source):	
No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	
Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant	
Guidance, 2 CFR § 200	
5 Award Amount: \$302,000.00 11 Evaluations: Submission of an Annual Performa	
to Kentucky Department of Education, 21st Centur	y Program
See budget breakdown on contract.  Office is required.	
6 Period of Award:	
July 1, 2016 – September 30, 2017	
12 Consortia/Partnership Members:	
Kentucia, Department of Epiterrian	
13 Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated	
Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement	t request
must be submitted by November 30, 2017.	
14 Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016	
Division of Consolidated Plans & Audits	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Taylor County Schools		State
	Street Address 1209 E Broadway		
	City, State Zip Campbellsville, KY 42718		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Brigette Stacy 502-564-1473 ext. 4072	T T -	
	Street Address 500 Mero St., 19th Fl. CPT		
	Budget Contact Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	-4.3	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY17 21st Century Community Learning Centers		☐ Quarterly
	Fund Source No Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.287C		
	MUNIS Project Number See budget on contract	10	Financial Reporting Method:
	MOA Number PON2-540-1600002870		Electronic Submission
			Other Submission of quarterly reimbursement
			package
4	Grant Authority (Source):		-
	No Child Left Behind Act of 2001, Title IV, Part B, Education Department General	L	
	Administrative Regulations 34 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200		
5	Award Amount: \$101,000.00	11	Evaluations: Submission of an Annual Performance Report
			to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract.	DAR	Office is required.
6	Period of Award:	Z Z X X X X	ED TON
	July 1, 2016 – September 30, 2017	les .	5 5
12	Consortia/Partnership Members:		
	Verrener Description	- F	
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion		
	Request for Application, based upon availability of funds from the United S	tates De	epartment of Education. The final reimbursement request
	must be submitted by November 30, 2017.		
14	Authorized By (Name/Title): Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	Division of Consolidated Plans & Audits		•

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Todd Cou	unty Schools		State
	Street Address 205 Airpo	ort Rd		□ Federal
	City, State Zip Elkton, K	Y 42220		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	,	-5.5	9	Reimbursement Frequency:
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		☐ Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002862		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):			-
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General		
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, 2 CFR § 200			
5	Award Amount: \$113,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on c	ontract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Memb	pers:		
		Keneras Department		
13				ded for five years/projects of funding, as stated in the
			ates De	epartment of Education. The final reimbursement request
	must be submitted by Nover	nber 30, 2017.		
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016
	,	Division of Consolidated Plans & Audits		
		·		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Wayne County Schools			State
	Street Address 1025 S Main St			□ Federal
	City, State Zip Monticel	lo, KY 42633		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	10 -	Expenditure Reimbursement
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY17 21st Century Community Learning Centers		□ Quarterly
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other
	CFDA#	84.287C		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:
	MOA Number	PON2-540-1600002917		Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 20	001, Title IV, Part B, Education Department General		
		4 CFR 76,77, 82 and 85 and Uniform Grant		
	Guidance, <u>2 CFR § 200</u>			
5	Award Amount: \$278,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on o	contract. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			6 6
	July 1, 2016 – September 30,			5 5
12	Consortia/Partnership Mem	bers:		
		Kentucky Department	E.	DULCATION
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the			
	Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement request			
	must be submitted by November 30, 2017.			
14	Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016			
	Division of Consolidated Plans & Audits			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Webster County Schools			State	
	Street Address 28 State	Rt 1340		□ Federal	
	City, State Zip Dixon, K	Y 42409		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	N P		
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment	
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum	
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	•	-5.5	9	Reimbursement Frequency:	
3	<b>Description/Fund Source of</b>	Award and Fiscal Year:		Monthly	
	Description	FY17 21st Century Community Learning Centers		□ Quarterly	
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other	
	CFDA#	84.287C			
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:	
	MOA Number	PON2-540-1600002852		Electronic Submission	
				Other Submission of quarterly reimbursement	
				package	
4	Grant Authority (Source):			-	
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General			
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant			
	Guidance, 2 CFR § 200				
5	Award Amount: \$151,000.00		11	Evaluations: Submission of an Annual Performance Report	
				to Kentucky Department of Education, 21st Century Program	
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.	
6	Period of Award:	P NOTICIENT OF THE	23101	LD I OIL	
	July 1, 2016 – September 30,			5 5	
12	Consortia/Partnership Mem	pers:			
		K	- 1		
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the				
	Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement request				
	must be submitted by Nove	mber 30, 2017.			
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016	
	Division of Consolidated Plans & Audits				

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Whitley County Schools			State	
	Street Address 300 Main St			□ Federal	
	City, State Zip Williamst	ourg, KY 40769		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	1		
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment	
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum	
	Street Address	500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	•	-5.5	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	FY17 21st Century Community Learning Centers		□ Quarterly	
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other	
	CFDA#	84.287C			
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:	
	MOA Number	PON2-540-1600002918		Electronic Submission	
				Other Submission of quarterly reimbursement	
				package	
4	Grant Authority (Source):				
	No Child Left Behind Act of 20	01, Title IV, Part B, Education Department General			
	Administrative Regulations 34	CFR 76,77, 82 and 85 and Uniform Grant			
	Guidance, <u>2 CFR § 200</u>		1		
5	Award Amount: \$581,000.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report	
				to Kentucky Department of Education, 21st Century Program	
	See budget breakdown on c	ontract. PROFICIENT & PRE	DAR	Office is required.	
6	Period of Award:	I NOTICILITY OF THE	273.70%	LD T OIL	
	July 1, 2016 – September 30,			6 6	
12	Consortia/Partnership Meml	pers:	lane,		
		V			
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the				
	Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement request				
	must be submitted by Novel	mber 30, 2017.			
14	Authorized By (Name/Title):	Donna Tackett, Acting Director		<b>Date:</b> June 29, 2016	
	Division of Consolidated Plans & Audits				
		17			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Wolfe County Schools			State
	Street Address PO Box 160			
	City, State Zip Campton, KY 4	1301		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
		ette Stacy 502-564-1473 ext. 4072		Expenditure Reimbursement
		Mero St., 19th Fl. CPT		│
		lma Hawkins 502-564-1979 ext. 4361		Lump Sum
	Street Address 500	Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor
	City, KY Zip Frar	nkfort, Kentucky 40601		
		-5.5	9	Reimbursement Frequency:
3	Description/Fund Source of Award	d and Fiscal Year:		Monthly
	Description FY1	7 21st Century Community Learning Centers		☐ Monthly ☐ Quarterly
	Fund Source No (	Child Left Behind Act, Title IV, Part B		Other
	CFDA# 84.2	287C		
	MUNIS Project Number See	budget on contract	10	Financial Reporting Method:
	MOA Number POI	N2-540-1600002864	4	Electronic Submission
				Other Submission of quarterly reimbursement
				package
4	Grant Authority (Source):	(V7)		
	No Child Left Behind Act of 2001, Tit	le IV, Part B, Educ <mark>ation D</mark> epartment General		
	Administrative Regulations 34 CFR 7			
	Guidance, 2 CFR § 200			
5	Award Amount: \$113,500.00		11	<b>Evaluations:</b> Submission of an Annual Performance Report
				to Kentucky Department of Education, 21st Century Program
	See budget breakdown on contract	t. PROFICIENT & PRE	PAR	Office is required.
6	Period of Award:			6 6
	July 1, 2016 – September 30, 2017	_S_U_C_C_		SS
12	Consortia/Partnership Members:			
		Kentucky Department	- E	DEREATION I
13				
	Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursem			epartment of Education. The final reimbursement request
	must be submitted by November 3	<b>30, 2017.</b>		
14	Authorized By (Name/Title): Don	na Tackett, Acting Director		<b>Date:</b> June 29, 2016
		sion of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name YMCA o	f Greater Cincinnati		State	
	Street Address 644 Linr	Stret, Ste 802		□ Federal	
	City, State Zip Cincinna	ati, KY 45203		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Brigette Stacy 502-564-1473 ext. 4072	10	Expenditure Reimbursement	
	Street Address	500 Mero St., 19th Fl. CPT		Automatic Payment	
	Budget Contact	Thelma Hawkins 502-564-1979 ext. 4361		Lump Sum	
	Street Address	500 Mero St., 16th Fl. CPT	-	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	эн, на тр	-4.7	9	Reimbursement Frequency:	
3	Description/Fund Source of	f Award and Fiscal Year:	1	Monthly	
	Description	FY17 21st Century Community Learning Centers		Quarterly	
	Fund Source	No Child Left Behind Act, Title IV, Part B		Other	
	CFDA#	84.287C	9		
	MUNIS Project Number	See budget on contract	10	Financial Reporting Method:	
	MOA Number	PON2-540-1600002919		Electronic Submission	
				Other Submission of quarterly reimbursement	
				package	
4	Grant Authority (Source):			100.00	
		001, Title IV, Part B, Education Department General			
		4 CFR 76,77, 82 and 85 and Uniform Grant			
	Guidance, 2 CFR § 200		11		
5	Award Amount: \$1,353,500.	.00	11	Evaluations: Submission of an Annual Performance Report	
				to Kentucky Department of Education, 21st Century Program	
	See budget breakdown on o	contract. PROFICIENT & PDE	DAD	Office is required.	
6	Period of Award:	I NOTICILITY OF THE	75113	LDTOR	
	July 1, 2016 – September 30,			6 6	
12	Consortia/Partnership Mem	bers:			
		V			
13	Special Instructions/Conditions: Grants (New, Continuation, and Expansion) awarded for five years/projects of funding, as stated in the				
	Request for Application, based upon availability of funds from the United States Department of Education. The final reimbursement request				
	must be submitted by November 30, 2017.				
14	Authorized By (Name/Title): Donna Tackett, Acting Director Date: June 29, 2016				
	Division of Consolidated Plans & Audits				